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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: KIM, Chun Gon et al.

Title: APPARATUS AND METHOD OF WINDING OPTICAL FIBER
SENSOR COIL FOR FIBER OPTIC GYROSCOPE

Serial No.: 10/732,772

Filing Date: 9 December 2003

Examiner/Unit: William E. Dondero/3654

Attorney Docket No.: 1768-45-3

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 23rd day of December, 2005.


Stephanie Cox

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

☐ The fee has been calculated as shown below:

☒ No additional claim fee is required.

Computation of Fee
For Claims as Amended

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	8	Minus	20	=	0 x	\$50/\$25 =	\$-0-
Independent Claims	2	Minus	3	=	x	\$200/\$100 =	\$-0-
Total additional fee for this amendment							\$-0-

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

- X A Request For Extension of Time.
- X \$225 check (No. 25174) for the two-month extension fee.
- _____ Check No. _____ in the amount of \$ _____ for the additional claim fee is enclosed.
- _____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.
- XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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